THE RECOVERY KERNEL

Behavioral Addiction Series

COMPULSIVE SEXUAL BEHAVIOR

The Biology, the Pattern, and the Recovery.

No judgment. No shame as a framework. Just the mechanism — and what actually works.

This is the behavioural addiction with the most shame attached to it.

That's precisely why the shame needs to be addressed within the framework initially.

Compulsive Sexual Behavior Disorder is in the ICD-11 (WHO 2022). The dopamine circuit, the opioid receptor activation, the novelty-driven variable ratio reinforcement — this is biology. The recovery uses the same architecture as every other addiction.

Section 1 — The Biology First

THE CENTURION — L'attività sessuale è uno degli eventi naturali che stimolano maggiormente la dopamina. L'evoluzione l'ha progettata in questo modo deliberatamente.

Sexual activity is the primary mechanism through which the species reproduces. Evolution has had hundreds of millions of years to make it rewarding enough to be reliably pursued. The result: the dopamine release associated with sexual activity and orgasm is among the highest naturally occurring dopamine events in the human nervous system. This is not an accident or a design flaw. It is the biological priority signal for reproduction.

Understanding this removes the moral judgment from the mechanism: the same neural reward circuit that substance addiction hijacks is the circuit that sexual activity is designed to activate powerfully. A system that was built to be rewarding is compulsively used. The problem is not the drive. The problem is what happens when the drive bypasses voluntary control.

1.1 — The Full Neurochemical Profile

Neurochemical.	What it does during sexual activity.	The addiction-relevant implication.
Dopamin – det signal som skapar förväntan och begär.	Rises sharply during arousal. Peaks at orgasm. Produces the specific quality of urgent wanting — the drive toward the goal. Dopamine is not pleasure itself. It is the motivation toward anticipated pleasure.	Dopamine drives the seeking behaviour—the time spent pursuing sexual activity. As with substance addiction, dopamine tolerance develops: the stimulus that produced intense anticipatory dopamine previously becomes less effective, driving escalation towards higher-intensity stimuli.
Endogenous opioids – the pleasure signal.	Endorfinler ve enkefalinler, orgazm sırasında ve sonrasında salgılanır ve bu da orgazmdan sonraki sıcak, tatmin edici hissi yaratır. Dışsal opioidlerin (eroin, oksikodon) etkilediği aynı reseptör sistemi, orgazm sırasında endojen opioidler tarafından da aktive edilir.	This is why naltrexone — the mu-opioid receptor antagonist used for alcohol and opioid addiction — has documented effects on compulsive sexual behavior. The opioid component of the sexual reward is specific and addressable with the same pharmacology used for substance addiction.
Oxytocin – the bonding signal.	Released during physical touch, orgasm, and sustained eye contact. It produces the affiliative drive—the desire to be close to the specific person who co-produced the oxytocin release. Oxytocin is what turns sex into emotional bonding.	Compulsive sexual behavior that specifically bypasses bonding — pornography, serial partner cycling without emotional connection — may produce orgasm without the oxytocin bonding that healthy sexuality is designed to produce. The reward is partial: the dopamine and opioid components activate, the oxytocin bonding component is absent. This creates a specific deficit — the person is sexually active but emotionally unfed.
Vasopressin – the bonding signal (particularly in males).	Works alongside oxytocin for male pair-bonding. Vasopressin is associated with the protective attachment drive toward a specific partner — the 'this one matters to me' signal.	Repeated sexual activity with multiple partners may desensitise the vasopressin bonding response — producing a pattern where the ability to form attachment through sexual bonding is progressively reduced. The person who has used sex compulsively for years

		may find genuine intimate bonding progressively more difficult to access.
Serotonin – the satiation signal.	Serotonin levels increase after orgasm, which contributes to the refractory period – the time when sexual desire decreases after feeling satisfied. This is a natural mechanism that reduces sexual drive temporarily.	As with the serotonin system in MDMA use, chronic compulsive sexual behavior may downregulate the serotonin satiation signal — producing a reduced refractory effect, a faster return to craving, and progressive difficulty experiencing satisfaction from any single sexual encounter.

1.2 — The Novelty Factor: Why This Specific Addiction Has No Ceiling.

Unlike most behavioral addictions, compulsive sexual behavior has a specific biological driver that is absent in gambling, gaming, and media consumption: the Coolidge Effect.

The Coolidge Effect is the documented sexual response in mammals (extensively studied, present across species) where sexual motivation is renewed by the introduction of a novel partner. A male animal that has reached satiation with one partner will resume sexual activity when a new partner is introduced. This is not a character flaw — it is the evolutionary mechanism that promotes genetic diversity. In the ancestral environment, it was limited by the actual availability of novel partners. In the digital environment, it is unlimited.

The Coolidge effect refers to the observation that sexual arousal can be restored by introducing a novel female partner, even after it has diminished with a familiar one. In an ancestral context, this suggests that novelty and variety in mating partners could help maintain reproductive drive and prevent habituation or boredom, potentially increasing overall reproductive success.	**What it means in the digital context.**
Sexual motivation is renewed by genuine partner novelty. This occurs occasionally, regulated by the actual availability of partners, social structure, and the physical reality of reproduction. The satiation mechanism functions correctly because the	Pornography and dating apps provide effectively unlimited novel visual partners at zero social cost. The Coolidge Effect activates with each new image, video, or profile — producing dopamine surges that are uninterrupted by the satiation

novel stimuli available in the real world are limited.	mechanism because the novelty never exhausts. This is a supranormal stimulus: a stimulus more intense and more persistent than anything the brain's reward system evolved to handle.

Section 2 — Compulsive Sexual Behavior Disorder: What It Is and What It Is Not.

THE CENTURION — Un alto deseo sexual no es un trastorno. La pérdida del control voluntario sobre el comportamiento sexual sí lo es.

The distinction between a healthy high sex drive and compulsive sexual behaviour disorder isn't about frequency, the types of activities involved, or whether those activities are considered "normal." It's about voluntary control and whether the behaviour is causing harm, and whether the person can stop it despite wanting to.

This IS compulsive sexual behavior (ICD-11 criteria).	This is NOT necessarily CSBD.
Persistent pattern of failure to control intense, repetitive sexual impulses — despite wanting to. Continuing sexual activity even when it is causing significant distress, relationship damage, health risk, or functional impairment. Neglecting health, personal care, responsibilities, or important activities because of the time and energy consumed by sexual activity or the pursuit of it. The behavior has been present for a significant period (ICD-11 criterion: 6 months or more).	High sexual drive or high frequency of sexual activity that is under voluntary control and not causing harm. Sexual interests that are unconventional but are practiced consensually and are not causing distress or harm to the person or others. A period of increased sexual activity following a life change (new relationship, recovery of health, reduced stress) that naturally stabilizes. Sexual dissatisfaction in a relationship — which may be a relationship problem, not a compulsive behavior disorder.

2.1 — The Sub-Types

Sub-type.	What the pattern looks like.	The specific mechanism driving it.
Uso compulsivo de pornografía.	Aumento del consumo a pesar de querer reducirlo o detenerlo. Tiempo dedicado a la pornografía que desplaza otras actividades, relaciones y sueño. Progresión hacia contenido más extremo para lograr el mismo	The supranormal stimulus problem: unlimited novel visual stimuli hyperactivate the Coolidge Effect without the satiation mechanism engaging. The dopamine anticipatory system is continuously

	nivel de excitación que antes lograba con contenido más suave. Dificultad para alcanzar la excitación con una pareja real, algo que era posible antes del uso intensivo de la pornografía.	activated by novelty that never exhausts. Neurological adaptation produces desensitization to the real-world stimulus.
Compulsive partner seeking.	Acquisition of serial sexual partners driven by compulsion rather than genuine desire for connection. The partner is pursued, the sexual encounter occurs, and the interest dissipates immediately — producing a cyclical pattern. Risk escalation: increasingly risky encounters as tolerance to lower-risk encounters develops.	The variable ratio reinforcement of the pursuit, plus the dopamine from the novelty of a new partner. The Coolidge Effect in its real-world form. The bonding phase (oxytocin) is either bypassed or produces temporary attachment that the compulsive pattern disrupts.
Sex as affect regulation.	Using sexual activity specifically to manage emotional states — anxiety, depression, loneliness, boredom, anger. The sexual activity functions pharmacologically: it produces temporary relief from the emotional state and must be repeated whenever the state recurs.	La activación de los receptores opioides durante el orgasmo produce un alivio temporal real de los estados emocionales negativos. Este es el mismo mecanismo que la automedicación con opioides para el dolor emocional. La persona que ha aprendido que la actividad sexual reduce de forma fiable la ansiedad recurrirá a ella tan consistentemente como una persona ansiosa recurre al alcohol.
Compulsive masturbation (independent of pornography).	Compulsive masturbation occurring independently of pornography — driven by the need for the opioid and dopamine release rather than by sexual desire or attraction.	La activación directa del circuito de recompensa sin estímulo externo. Esta suele ser la forma que genera más vergüenza, en parte porque es la más claramente interna y no se puede atribuir a factores externos.

Section 3 — The Pharmacogenomics of Sexual Compulsivity.

THE CENTURION — The same genetic variants that create vulnerability to substance addiction also create vulnerability here.

The genomic profile that increases vulnerability to compulsive sexual behavior is largely continuous with the profile that increases vulnerability to substance and other behavioral addictions. This is not a coincidence—all of these addictions activate the same reward circuit, and the same variations in reward circuit function create susceptibility across all of them.

Variant.	The mechanism.	The CSBD connection.
DRD2 A1 allele — Reward Deficiency Syndrome.	40% reduced D2 receptor density. The ordinary rewards of life — food, social connection, accomplishment — produce less dopaminergic response than they do for people with the A1/A2 or A2/A2 genotype. The person is chronically under-rewarded by ordinary experience.	Any high-intensity reward source — including sexual activity — fills the dopamine gap that the A1 allele creates. CSBD is documented at elevated rates in DRD2 A1 populations. The sexual activity is providing the dopamine that the impaired receptor density cannot adequately produce from ordinary stimuli.
COMT Val158Met — Warrior constitution.	Fastest dopamine clearance. The peak is sharp, and the trough is equally sharp. The "Warrior" experiences the highest amplitude swings between dopamine peaks and valleys. The drive towards the next "hit" is accelerated by the rapid clearance of the previous one.	The Warrior's tendency to seek out intensity and their competitive drive are linked to compulsive partner acquisition (the pursuit and conquest dynamic that specifically activates the Warrior's dopamine system) and to the escalating pattern of pornography use (the need for increasingly novel and intense stimuli to match the rapid dopamine clearance).
MTHFR C677T homozygous.	Impaired BH4 production reduces dopamine and serotonin synthesis. The serotonin deficit is specifically relevant here — serotonin is the satiation signal. Reduced serotonin means reduced satiation, which means the	The MTHFR carrier with impaired serotonin synthesis has a biologically shorter satiation window after sexual activity. The compulsive cycling —use, brief satiation, rapid return of urge—is partly driven by the impaired serotonin

	refractory period is shorter and the craving returns faster.	satiation mechanism. 5-MTHF treatment directly addresses this by supporting serotonin synthesis.
MAO-A (Monoamine Oxidase A) — the impulse control gene.	MAO-A metabolises serotonin and dopamine. Certain MAO-A variants can result in either excessive breakdown (leading to low serotonin levels and increased impulsivity) or insufficient breakdown (causing different neurotransmitter disruptions). The low-activity MAO-A variant is associated with increased impulsivity and aggression.	Low-activity MAO-A is overrepresented in impulsive behaviours, including CSBD. The impulsivity component – acting on a sexual impulse without the pause that higher serotonin provides – is partly MAO-A-mediated.

Section 4 — The Shame Spiral: Why Shame Makes It Worse.

THE CENTURION — The shame associated with certain behaviours can drive them underground, where they can worsen. Shame can be a contributing factor to compulsive sexual behaviour.

Compulsive sexual behavior is the behavioral addiction with the highest ratio of shame to help-seeking. The gap between the number of people who experience CSBD and the number who seek treatment is larger for this condition than for any other in the behavioral addiction category. The reason is shame — the specific, intense shame that sexual compulsivity carries in most cultural contexts.

The shame spiral is self-reinforcing and specifically counterproductive:

THE SHAME SPIRAL

1. El comportamiento compulsivo ocurre.
2. Un intenso sentimiento de vergüenza puede aparecer: "qué está mal conmigo, por qué no puedo parar esto".
3. Shame produces emotional distress (anxiety, depression, self-contempt).
4. El comportamiento compulsivo es una de las formas más fiables de aliviar el malestar emocional (activación del receptor opioide).
5. El comportamiento se repite para aliviar la angustia que el comportamiento anterior causó.
6. Greater shame. Secrecy deepens. Isolation increases. The behaviour is the only reliable source of relief available in the isolated, ashamed state.

Shame about compulsive sexual behaviour doesn't reduce it. Shame increases the emotional distress that the behaviour is being used to relieve. Shame is the mechanism that sustains the cycle.

This is not an argument that the behaviour is acceptable or that its consequences should be minimised. It is an observation about the underlying mechanism: using shame as the primary treatment for compulsive sexual behaviour is pharmacologically counterproductive. It exacerbates the distress that the behaviour is intended to alleviate. An effective approach eliminates shame entirely and addresses the behaviour as the biological and psychological pattern that it is.

4.1 — Secrecy as a Maintaining Factor

Secrecy specifically maintains compulsive sexual behavior through several mechanisms:

- The secret cannot be processed — behaviour that is hidden from all relationship partners and helpers cannot be examined, challenged, or addressed in the relational context that treatment requires. The secret lives in the dark where it grows.
- A double life is cognitively costly—maintaining separate public and private sexual identities requires significant cognitive resources that would otherwise be available for recovery work. The person who is managing their secret is not free to fully engage with recovery.
- Secrecy prevents accountability — the most powerful mechanism for behavioral change in compulsive behaviors is accountable relationships. The person whose compulsive behavior is known by no one who knows them has no external accountability structure.
- Trauma caused by discovering hidden sexual behaviour can lead to a specific trauma response in partners (betrayal trauma). This type of trauma is often more severe than it would have been if the behaviour had been disclosed openly. The longer the secret is kept, the greater the potential for harm.

Section 5 — The Trauma Connection

THE CENTURION — This is the behavioral addiction with the highest rate of underlying trauma. It needs to be named without becoming the whole explanation.

Adverse Childhood Experiences (ACEs) – particularly sexual trauma, but also physical abuse, emotional neglect, and household dysfunction – are significantly overrepresented in people who develop compulsive sexual behavior disorder. The connection is not causal in every case and is not the whole story in any case. But it is common enough to be a primary clinical consideration.

Mechanism.	How it produces CSBD risk	Treatment implication.
Trauma sexuale précoce qui a sexualisé la réponse traumatique.	When sexual experience is introduced in a traumatic context in early development, the neurological association between sexual arousal and the trauma response (hyperarousal, anxiety, excitement/fear conflation) can become fixed. The person pursues sexual activity partly to revisit and re-process a trauma that was never processed. The	Terapia específica para traumas (EMDR, experiencia somática, TCC informada sobre el trauma) es necesaria junto con la intervención conductual. La gestión del comportamiento por sí sola, sin el procesamiento de traumas, aborda el síntoma pero no la causa.

	compulsive quality is partly the compulsive quality of unprocessed trauma.	
Emotional neglect and affect regulation learning.	Children who do not have their emotional needs met by caregivers learn to regulate emotional distress through self-generated means. When sexual activity is discovered as an affect regulation tool—which is common during adolescence—it becomes the primary tool for managing distress in the absence of co-regulation from caregivers.	The person who learned to use sexual activity for affect regulation before developing any other affect regulation skills needs to develop alternative affect regulation tools — not just stop the sexual self-regulation without replacement.
Attachment disruption and the anxious/avoidant patterns.	Insecure attachment (anxious or avoidant) produces specific sexual behavior patterns. Anxious attachment drives compulsive seeking of sexual connection to manage attachment anxiety. Avoidant attachment produces the pattern of sexual activity without genuine intimacy — the connection that might produce vulnerability is avoided while the activity that simulates it without the vulnerability occurs.	Attachment-focussed therapy addresses the underlying relational pattern. The CSBD is the symptom of the attachment strategy—changing the attachment strategy changes the behaviour's function.

The important caveat: Not every person with CSBD has a trauma history. Many do not. The trauma history, when present, is relevant and must be addressed. When absent, it should not be assumed or imported into the clinical picture. The biology alone — reward deficiency, Coolidge Effect, dopamine/opioid circuit activation — is sufficient to produce CSBD without trauma as a contributing factor.

Section 6 — The Pornography-Specific Profile

THE CENTURION — La pornografía es un estímulo supranatural: es más intensa que cualquier cosa para la cual el sistema de recompensa sexual del cerebro evolucionó para procesar a este volumen.

Pornography use disorder is the most common presentation of compulsive sexual behavior in the current clinical environment. The internet has made available, at zero cost and zero social risk, an effectively unlimited supply of novel visual sexual partners — activating the Coolidge Effect continuously in a way that was not possible in any previous human environment. The brain's reward system was not designed for this input level.

6.1 — The Specific Neurological Effects of Heavy Pornography Use

Effekt.	The mechanism.	The clinical presentation.
Desensitization of the sexual reward circuit.	Repeated supranormal stimulation of the dopamine reward circuit produces the same downregulation that substance tolerance produces. The stimulus that produced intense arousal initially produces progressively less response. The person escalates to more novel or extreme content to achieve the previous activation level.	The escalation pattern: the person who began with mild content and has progressively moved to more extreme categories is demonstrating the desensitization/tolerance progression that characterizes substance addiction. The escalation is not a character issue — it is receptor downregulation.
Diminished sexual excitement with a partner.	Il sistema di risposta sessuale del cervello si adatta alle caratteristiche specifiche degli stimoli pornografici: visivi, nuovi, senza attrito e illimitati. I veri partner non sono nuovi nello stesso senso, non sono disponibili su richiesta allo stesso modo e richiedono un coinvolgimento sociale ed emotivo che la pornografia non offre. L'eccitazione che il circuito di ricompensa "calibrato" dalla pornografia provava facilmente con un vero	Erektil dysfunktion hos unga män, specifikt under sexuell aktivitet med en riktig partner men inte vid användning av pornografi, är dokumenterad i kliniska populationer med en historia av intensivt pornografianvändande. Detta är neurologiskt, inte psykologiskt. Belöningssystemet har omkalibrerats till en stimulans som den verkliga partnern inte kan återskapa.

	partner diventa difficile da raggiungere.	
Impairment of the prefrontal cortex can affect impulse control.	Consumo excesivo de pornografía se asocia con una reducción del volumen de la corteza prefrontal y una reducción de la conectividad prefrontal-límbica en estudios de neuroimagen, lo cual es el mismo patrón que se observa en la adicción a sustancias. La corteza prefrontal proporciona la "señal de freno". Cuando está dañada, el sistema límbico opera con una capacidad reducida para ser controlado.	The person who reports wanting to stop using pornography but being unable to — who plans to stop, starts to stop, and then returns to use — is describing the impaired prefrontal override of the limbic drive. This is not lack of willpower. It is the documented neurological effect of heavy use on the control circuit.

6.2 — The Pornography Recovery Protocol

Definizione di sobrietà per la pornografia: Definire specificamente cosa significa sobrietà prima di iniziare. Per la maggior parte delle persone in fase di recupero dalla dipendenza dalla pornografia, la sobrietà significa: nessun uso intenzionale di pornografia (consumo di contenuti sessuali visivi o scritti specificamente per l'eccitazione). Questa definizione separa la masturbazione (senza pornografia) come una questione comportamentale che ogni persona risolve secondo il proprio percorso e i propri valori di recupero.

- Software for accountability: Covenant Eyes, Bark, Circle, or similar tools that either filter pornography content or report access attempts to a designated accountability partner. The accountability partner knows the person is working on this. The secrecy mechanism is interrupted. The software is installed and the partner's email is set up before the next urge arrives, not during it.
- Friction related to devices: If the phone is the main device used, remove the mobile browser from it. If the computer is the main device used, move it to a common area of the house. Reduce opportunities for private viewing – this behaviour thrives in private settings and diminishes when exposed.
- Urge surfing: the urge to use pornography peaks and passes in approximately 15-30 minutes if not acted upon. Learning to observe the urge without acting on it — to ride the wave of the craving rather than respond to it — is the primary skill of pornography use disorder recovery. Each successful 20-minute urge surf builds the neurological tolerance to the urge that reduces its power over time.

- Douche froide ou exposition du visage : la technique de l'eau froide active spécifiquement le réflexe de plongée et la réponse de la noradrénaline qui interrompent l'état de recherche dopaminergique. Cela fonctionne parce que cela fonctionne physiologiquement, et non par la force de volonté.
- The 90-day window: neurological research on pornography use disorder suggests approximately 90 days of abstinence is required before the desensitized reward circuit begins to regain its normal responsiveness to real-world stimuli. The 90-day target is the beginning of recovery, not the completion of it.

Section 7 — The Recovery Architecture

THE CENTURION — Follows the same framework as all other behavioral addictions. With one addition: The definition of sobriety must be specific.

7.1 — Defining Sexual Sobriety.

Unlike substance addiction where sobriety is binary (zero use), sexual sobriety must be defined by the individual because zero sexual activity is neither healthy nor the goal. The sobriety definition is a personal statement — typically developed with a therapist — that specifies:

What to define.	Example definition components	Why specificity matters.
The key behaviours – the specific actions that would indicate a relapse for this individual.	For a pornography use disorder: no intentional pornography use. For compulsive partner seeking: no anonymous or casual sexual encounters. For sex as affect regulation: no sexual activity as a primary response to emotional distress.	I comportamenti che si verificano al di fuori della sobrietà sono abbastanza specifici da fornire una risposta chiara "sì/no" in qualsiasi situazione. "Nessun comportamento sessualmente compulsivo" non è una definizione: è troppo vaga per essere applicata. "Niente pornografia, niente app di incontri dopo le 21:00" è una definizione.
The middle circle behaviours – activities that are not relapses in themselves, but are known precursors to relapse for this person.	Staying alone in a hotel without an accountability contact. Browsing certain social media accounts. Being in certain environments without a plan. These are the behaviours that predictably precede relapse without being relapses themselves.	Middle circle awareness allows the person to recognise when they are in the territory that precedes relapse – and to take action before the relapse rather than after it.
The healthy outer circle behaviours — sexual expression that is within the person's recovery values and supports	Sexual activity in an established relationship. Masturbation without pornography (if that is within the person's	La recuperación no se trata de eliminar la sexualidad. Se trata de recuperar el control voluntario sobre el comportamiento sexual. El

healthy sexuality.	framework). Healthy dating behaviours. Physical affection that is not sexually compulsive.	círculo exterior describe cómo se ve una expresión saludable para que la recuperación avance hacia algo positivo, y no solo lejos de algo negativo.

7.2 — The Supplement Stack for CSBD

Supplement	Dose.	Timing.	Rationale specific to CSBD (Cannabis Systemic Bias Detection).
NAC (N-Acetil Cystein) – el suplemento individual más importante para los comportamientos compulsivos.	600mg twice daily.	Good morning and good afternoon.	NAC restores glutamate homeostasis in the nucleus accumbens and prefrontal cortex — the specific dysregulation that drives compulsive behavior. Clinical trials have documented NAC reducing compulsive behaviors in gambling, trichotillomania, and substance use. The glutamate normalization effect reduces the urgency of the compulsive drive without producing sedation or reward system suppression.
5-MTHF — supports serotonin synthesis.	400-1000 mcg	Morning.	The serotonin system is the satiation signal — the natural off-switch for sexual behavior. In MTHFR homozygous individuals, impaired serotonin synthesis shortens the refractory period and accelerates the return of craving. 5-MTHF directly supports the serotonin synthesis pathway that produces satiation.
Zinc — supports testosterone and oxytocin metabolism.	15-30mg with food.	Evening.	Zinc is a cofactor for testosterone metabolism and for the enzymes involved in oxytocin synthesis and processing. Healthy testosterone supports appropriate (not excessive)

			libido expression. Oxytocin support promotes the bonding component of sexual activity that compulsive sexual behavior specifically suppresses.
Magnesium Glycinate.	400mg elemental	Evening.	Oxytocin synthesis cofactor. The glycine component is an NMDA co-agonist that modulates the glutamate system alongside NAC. The calming effects of magnesium glycinate reduce the anxiety that drives sex-as-affect-regulation patterns.
Vitamin D3	2000-4000 IU	Morning with fat	Deficiency of vitamin D is linked to problems with mood regulation and decreased self-control. Vitamin D receptors are found in the prefrontal cortex, which is the area responsible for inhibitory control – providing the "stop" signal. A deficiency specifically affects the function of the prefrontal cortex, which is essential for recovering from compulsive sexual behavior.

7.3 — Professional Treatment Resources

CSBD has specific, trained practitioners that the general therapy community does not fully address:

- CSAT (Certified Sex Addiction Therapist): professionals who have received specific training in treating sexual compulsivity through the IITAP certification program. You can find a CSAT at iitap.com.
- Sex Addicts Anonymous (SAA): un programma di 12 passi specifico per comportamenti sessuali compulsivi, con una definizione di sobrietà più ampia e flessibile rispetto ai programmi generali di 12 passi. La comunità comprende la specifica dinamica della vergogna e non giudica i comportamenti specifici.
- SMART Recovery: a non-religious approach to behavioural change that doesn't use the 12-step model. It's available for people who don't feel comfortable with a belief in a higher power.
- Partners of sex addicts: if there is a partner who has experienced betrayal trauma from the discovery of compulsive sexual behavior, the partner needs their own support — COSA (Co-Sex Addicts Anonymous), SANON, or individual therapy with a CSAT-trained practitioner. The partner's trauma is real and requires its own treatment separate from couples therapy.

Section 8 — The Natural Sexual Health Architecture

THE CENTURION — La recuperación no es la ausencia de sexualidad. Es la recuperación de una sexualidad voluntaria, conectada y satisfactoria.

This section outlines the goals of recovery, focusing on the neurological and psychological aspects of healthy sexual expression, rather than specific behaviours or relationship dynamics, which differ based on individual factors like personality, cultural background, and personal values.

Quality.	What it looks like.	How compulsive sexual behavior disrupted it.
Control volontario.	La persona puede elegir participar o no en actividades sexuales basándose en el deseo genuino, las circunstancias y los valores, y puede optar por detenerse por las mismas razones. El comportamiento está dirigido por la persona, no por un impulso compulsivo.	CSBD specifikt eliminerar denna kontroll. Personen agerar mot sina egna värderingar och intentioner. Återhämtning återställer den prefrontala övervakningsförmågan som möjliggör äkta valfrihet.
Authentic motivation as the driving force.	Sexual activity motivated by a genuine desire for the activity or for the partner, rather than by the need for dopamine relief, opioid relief from emotional distress, novelty-driven compulsion, or habit.	Comportamento sessuale compulsivo produz atividades que são frequentemente motivadas por tudo, exceto desejo genuíno. A pessoa pode sentir alívio, urgência, hábito - mas não necessariamente desejo. A recuperação distingue e restaura o desejo genuíno como a motivação apropriada.
Connection.	Sexual activity that includes genuine emotional connection with a partner—the oxytocin bonding component that compulsive sexual behaviour (especially pornography and serial partner cycling) specifically bypasses.	Repeated sexual activity without the bonding component can progressively reduce the capacity for sexual connection. Recovery rebuilds the oxytocin-mediated bonding that healthy sexual activity is designed to produce.
Satiation.	The normal refractory period following satisfying sexual activity — the post-orgasm	Comportamento sessuale compulsivo spesso produce un ciclo in cui lo stato post-

	state of genuine satisfaction that does not immediately produce new craving.	orgasmo provoca vergogna anziché soddisfazione, il che porta a un rapido ritorno all'attività come regolazione emotiva. Il segnale di sazietà della serotonina viene soppresso dalla sofferenza causata dalla vergogna. La ripresa ristabilisce la sazietà naturale.

8.1 — The Transplantation

As with every behavioral addiction in the No Substance Required series, the cult-like factor that organizes around the compulsive sexual behavior is transplantable. The specific components of CSBD that are redirectable:

- L'impulso alla ricerca di intensità e novità: l'orientamento del tipo costituzionale "Guerriero" verso esperienze intense e nuove può essere reindirizzato verso avventura, competizioni sportive al limite delle proprie capacità, viaggi, produzione creativa, imprenditoria. L'intensità è la caratteristica fondamentale. Il problema era il mezzo utilizzato.
- L'atteinte à l'intimité qui s'exprimait par le cycle compulsif de partenaires : la quête d'une véritable connexion humaine - que le schéma obsessionnel tentait d'approximer, tout en empêchant effectivement cette connexion - peut être redirigée vers une culture authentique de relations profondes, durables et réciproques. Ce qui était recherché, c'était toujours la connexion. Le moyen utilisé empêchait spécifiquement l'atteinte du but.
- The affect regulation function: whatever emotional states the compulsive sexual behavior was managing (anxiety, depression, loneliness, boredom) now need alternative management. The behavioral activation, the physical exercise, the creative practice, the social connection — all of these are better affect regulators with no compulsive cycle attached. The DBT TIPP skills from the Full Inventory are specifically for this.

The Summary — Biology, Mechanism, Recovery.

THE CENTURION — Dit n'est pas une défaillance morale. C'est un schéma biologique. La même architecture de rétablissement fonctionne.

WHAT THIS GUIDE ESTABLISHED

La biología: dopamina, opioides endógenos, oxitocina, el efecto Coolidge, el estímulo supranormal de la pornografía. El mecanismo es específico, está documentado y no se trata de un fallo de carácter.

The pharmacogenomics: DRD2 A1 (reward deficiency), COMT Val/Val (intensity seeking), MTHFR C677T (impaired serotonin satiation). These are the same genetic variations seen in substance addiction.

CSBD in the ICD-11: This is a recognised condition in the WHO's international classification system, not a moral judgement dressed in clinical language.

Shame makes things worse, not better. Shame increases the emotional distress that the compulsive behaviour is trying to alleviate. Eliminating shame from the process is the initial clinical step.

The pornography-specific profile: supranormal stimulus, Coolidge Effect, desensitization, reduced real-partner arousal, prefrontal impairment. The 90-day window is the start of neurological recovery.

The supplement stack: NAC (for glutamate homeostasis and to help reduce compulsive behaviours), 5-MTHF (to support serotonin levels), zinc (involved in oxytocin metabolism), magnesium glycinate, Vitamin D3.

The recovery: define sobriety. Install accountability. Address trauma if present. Address attachment if disrupted. Build the natural architecture. The destination is voluntary, connected, satisfying sexuality—not its absence.

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SAMHSA: 1-800-662-4357 | SAA: saa-recovery.org | CSAT directory: iitap.com
Crisis: 13 11 14 | National Domestic Violence Hotline: 1-800-799-7233

Recovery Kernel | Compulsive Sexual Behavior | Behavioral Addiction Series
No Substance Required (Behavioral Addictions) | The Transplant | Stop the Bleed | Amends to Self

Biologia, não julgamento. A recuperação funciona.